

CARDHOLDER MAINTENANCE

Purchasing CPP (DoD)

Page 1

* **Type of Maintenance:** (Check all that apply) * **Billing Official:** _____ **Date:** _____

* ☐ Change ☒ ~~Change Billing Official~~ ☒ ~~Change Company Number~~ ☐ Cancellation ☐ Purge from Reporting

Agent Number _____ *Company Number _____

* Cardholder Name _____ * RANK / GRADE: _____
(As it appears on CPP system) (First) (M.I.) (Last)

* Account Number _____ *DEROS: _____

Fill in Only the Information Below to be Changed

Cardholder Information to be Changed:

* Cardholder Name: _____ * RANK / GRADE: _____
(Name 1) (max. 24 char.)

* Dept./Office/Agency Name: _____ (✓) Emboss Name ☒ Yes ☐ No
(Name 2) (max. 20 char.)

* Address 1: _____
(max. 30 char.)

Address 2: _____
(max. 35 char.)

* City: A P O _____ State: A E
(max. 25 char.)

* Zip: _____ Country: _____
(max. 10 char.)

* Phone Number: _____
(max. 10 char.)

User Field 2: _____
(Optional, first eight (8) characters embossed on plastic)(max. 15 char.)

* MAT Code*: _____
(*Use this field if only one MAT Code. Use page 3 if more than one MAT Code needed.)

* Single Purchase Limit: \$ _____

* 30-Day Limit: \$ _____
(Credit Limit)

Reissue Request:

(✓) Check all that Apply

* ☐ Reissue Card

☒ ~~Reissue Checks~~

* ☐ Re-open Account

I.M.P.A.C. Check Setup Request:

☐ Add I.M.P.A.C. Check to Existing Account ⇨ ☐ I.M.P.A.C. Check Single Purchase Limit \$ _____

Reporting Levels:

Level 1: 4 7 1 6 3 Level 2: 0 0 0 2 1 Level 3: _____ Level 4: _____

Level 1: _____ Level 6: _____ Level 7: _____

Form Submitted by:

Signature _____

Print Name _____

Phone _____

Fax _____ Date Submitted _____

For I.M.P.A.C. Government Services use only:

Rec'd Date: _____ Input Date: _____

Completed By: _____

Review Date: _____ Reviewed By: _____

Reject Reason: _____ Reject Date: _____

☐ Incomplete (missing information circled or highlighted)

☐ Other _____

Form: CHMNT-DoD (9/99) *Master Accounting Code: _____

* Certified by: _____ Date: _____

Instructions for completing maintaining or cancellation of Cardholder for RCO, Vicenza GPCard Program

The form is a USBank / DoD Cardholder set up form modified to meet the requirements of the Regional Contracting Office, Vicenza Italy. Should there be any problems with USBank C.A.R.E. on line system, this form may be faxed to complete the application process.

All information marked with an asterisk (*), must be completed.

- * BO Name – Billing Official (print and sign) and date.
- * Change – change cardholder information; Cancellation – cancel cardholder account; Purge from Reporting – to purge a cancelled cardholders account from reporting information.
- * Company Number - each unit's billing official is identified at USBank by a five digit company number. This number connects all accounts assigned to the billing official.
- * Cardholder Name – First, Middle Initial, and Last.
- * Rank / Grade – enter your rank for military personnel and grade for all others.
- * Cardholder Account Number – enter the cardholder's sixteen digit account number.
- * DEROS – provide the date in which you are scheduled to leave (PCS, Retire). For Local Nations, if assigned a temporary position, enter the date of when you time will expire.
- * Cardholder Name – First, Middle Initial, and Last. (If changing)
- * Rank / Grade – enter your rank for military personnel and grade for all others. (If changing)
- * Address 1 – your unit's box number. (If changing)
- * City: APO; State: AE; and fill in your unit's zip code. (If changing)
- * Phone Number – your local number or cell phone. NO DSN NUMBERS, this information is provided to USBank, which does not have dsn capability. (If changing)
- * MAT Code* - All cardholders will initially be set with the 0137 code. If another or a combination of other MAT (Merchant Authorization Codes) is desired the billing official may use the MCC guide in the RCO Vicenza intranet site to determine what other codes may be applicable. (If changing)
- * Single Purchase Limit – the maximum of \$2,500. (If changing)
- * 30-Day Limit – the monthly (cycle) limit assigned to the cardholder. (If changing)
- * E-mail Address – addressed assigned in the "Global Address" of Outlook, if one has not been assigned, provide your AKO e-mail. (If changing)
- * Reissue Card – to reissue card for a lost or stolen card; or Re-Open Account – to re-open a temporary suspended or cancelled account.
- * Master Accounting Code—either the Resource Management Office or Comptroller will provide this, and they will certify by signature. (If changing (increase / decrease of 30-day limit) or adding an additional accounting code)

Once all of the information is completed forward through your billing official to either your Resource Management Officer (RMO) (22nd ASG) or Comptroller (SETAF). For those who are not located in Vicenza, you may have a RMO or Comptroller at your location to forward to. Once they received your package, they will complete the "Certification", scan the documents, and e-mail to A/OPC and/or alternate, Ron Crowder and/or Roberto Schiavon.

If you have any questions with this form you may contact the A/OPC or alternate by phone or e-mail. Ron Crowder dsn 634-3921 / ron.crowder@rco.vic.usacce.army.mil
Roberto Schiavon dsn 634-3917 / roberto.schiavon@rco.vic.usacce.army.mil.